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Contact Quality in Participation: A “Sensethic” Perspective

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ABSTRACT

We investigate the concept of participation from the perspective of the quality of the contact in communicative interactions between participants. We argue for the need for an academic-personal competence that qualifies the human contact central in all Participatory Design (PD) activities as a way to contribute to “an era of participation.” We describe a contact perspective in PD developed through a collaboration with body-oriented psychotherapeutic research that has specialized experiences in investigating open-minded contact and authentic meetings as body-related experiences.

CCS Concepts

- **Human-centered computing** → **Collaborative and social computing** → **Collaborative and social computing theory, concepts and paradigms**
- **Social and professional topic** → **Professional topics** → **Computing education**.

Keywords

Participation; contact quality in communicative interactions; academic-personal competence; body-related awareness; sensations; emotional reality; authentic and focused presence.

1. INTRODUCTION

Participatory Design (PD) is distinguished from other “user-oriented” fields by sustained interest in investigating and encouraging the quality of participation within design. The practice of PD work is concentrated in activities in which the participants, such as users, designers, managers, etc., need to get in contact with each other. This entails a type of basic competence that addresses the ability to establish and maintain high-quality contact between the participants in any important PD activity.

Contact between participants has recently received increased interest in the PD literature. Buur and Larsen [1] support the quality of conversations in PD through improvisational theatre with which uncomfortable and conflicting situations are explored. Light and Akama argue for a focus on embodied knowing when facilitating participation emphasizing that the designer “has to feel and experience as well as think about what is going on” [3, p. 62]. Kettley et al. [2] advocate the use of Interpersonal Process Recall, a psychotherapy method in which interactions are video-recorded

to support designers in being explicitly reflexive in their participatory practice. In this paper, we describe an approach that focuses on the basic dimensions of the contact quality in communicative interactions inherent in PD.

The ability to facilitate the quality of the contact between participants points to a relevant and critical competence for designers and researchers who practice PD through public, commercial, or action research-based PD projects. We refer to this as a contact perspective that enables and unfolds basic aspects of authentic contact between the participants, i.e. where the participants strive to meet in an atmosphere of honesty as opposed to a culture of pretending, where the focus on one’s appearance can imply, for example, that fear of making mistakes or losing face can become determinant features of the communicative interaction.

In this paper, we present the contact perspective developed within “Sensethic,”—a humanistic, phenomenological-existential, and body-oriented psychotherapy approach—as a way to develop an academic-personal competence that supports contact quality in PD. The Sensethic approach was developed by Olav Storm Jensen, based on lifelong research based on therapeutic experience. He initiated the Sensethic training program in 1988 and founded the Sensethic Institute (sensetik.dk) [Danish combination of “sense” and “ethics,” Sensethic¹] in 1998 [8-10]. The body orientation of Sensethic has its roots in Alexander Lowen’s bioenergetics, especially the concept of grounding [4, 5]. Bioenergetics is rooted in Wilhelm Reich’s vegetotherapy [6].

For the Sensethic approach, contact quality in communicative interactions is seen as *genuine focused presence*. A characteristic of the approach is its appreciation of the profound significance of body-related awareness. To make verbal discussions a genuine part of a shared rational reflection on the issue at stake, the elements of this reflection must be consistent with the grounded body; that is, they must be consistent with the realities (including emotional realities) as perceived through basic body assessments: sensations and feelings.

We present Sensethic’s contact quality perspective applied to PD as exploratory research in progress and a call for attention. This is our first joint paper on this perspective (an unpublished draft paper was discussed at the Aarhus 2015 conference workshop Unfolding Participation). This paper is based on a decade of discussions among the authors, including participation in a four-year training program offered by Sensethic. The empirical case comprises an analytic autoethnography based on the authors’ personal experiences. This is presented as six consecutive examples in the form of short vignettes (personal narrative accounts), inspired by the writing style in the successful books by family therapist Jesper Juul (jesperjuul.com).

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¹ The Danish name Sensetik includes the duplicate meaning of being a general term for studies based on sensations (and sense), as well as an indication of the finding that ethics, values in human relations, are based on bodily, emotional sensations.

The paper outlines a potential framework for describing our interdisciplinary collaboration that constitutes five elements: First, we relate, reflect on, and elaborate Sensethic's central concern—to work *as yourself* and *with yourself* (authenticity and presence)—in the PD concept of participation (section 2). Second, we provide *exemplifying vignettes* to situate the contact perspective and provide the reader with opportunities to relate to our own experiences (sections 2 and 3). Third, we use these vignettes to demonstrate the outcome and *effect* of using a Sensethic academic-personal competence. Fourth, we make an initial attempt to *transform* elements of the Sensethic perspective into PD methods or techniques to support contact quality (section 3). Finally, we outline some ideas for how to *train* the competence with an example from a PD university course.

2. THE SENSETIC CONTACT PERSPECTIVE ON PARTICIPATION IN PD

Participation in PD has been labeled as “genuine” referring to “the fundamental transcendence of the users’ role from being merely informants to being legitimate and acknowledged participants in the design process” [7, p. 5]. Genuine participation comprises open-minded contact and an authentic meeting. This defining aspect of the quality of participation in PD is described in the PD handbook by referencing work by Olav Storm Jensen:

- “Any user needs to participate willingly as a way of working both
- *as themselves* (respecting their individual and group’s/community’s genuine interests) and
 - *with themselves* (being concentrated present in order to sense how they feel about an issue, being open towards reflections on their own opinions) as well as
 - *for the task and the project* (contributing to the achievement of the shared and agreed-upon goals of the design task and design project at hand)” [7, p. 5, original italics].

This ideal situation is described by referring to the therapist–client relationship and how the therapist should work “as themselves, with themselves, and for the client” [10]. What does this mean in the context of participation in PD? Vignette 1 introduces a challenging PD project situation (to be continued in vignettes 2–6) as an example in which a Sensethic perspective becomes relevant.

Vignette 1: The attempts to establish a PD project at a European hospital had not gone well. From the start, the hospital manager had required what he called a “single point of entry” of communication, meaning that all meeting arrangements with participants had to be handled by his deputy manager, an extremely busy person who invested little time and effort in the project. Four workshops had been held with such poorly planned meeting arrangements that the requested clinicians from the different departments, who were to be part of the project, had not been present together at any of the workshops. The result was that the project had to be re-introduced at the workshops (as new clinicians showed up who had not participated in earlier workshops), and the project was now progress-wise in a critical state and far behind schedule. The designers conducting the workshops were frustrated, and one of them (who was in charge of the project and co-author of this paper) had problems sleeping. He was anxious that the project would fail before it even got started, and he requested a meeting with the hospital manager. The competence to deal with such a situation has personal and professional perspectives: obtaining quality contact with himself (avoiding getting seriously stressed) and with the hospital manager, his fellow designers,

and the clinicians (facing the problematic situation and acting properly in trying to solve it).

As themselves (respecting their individual and group’s/community’s genuine interests) [7]: The keyword here is *genuine*. “As themselves” refers to being authentic, and perhaps the easiest way to explain authenticity is by its opposite: *pretending*. Being authentic simply means not pretending to be anyone else but yourself—or to be anything else but what you are, not pretending to be knowledgeable about something you do not really know, not acting friendly and accommodating if you really are upset and angry and oppose the issue being proposed, not acting as if you are informed and certain if you really have doubts about an issue, etc. Being genuine means being open, honest, and truthful with the interests at stake, as related to the issue discussed. Vignette 2 demonstrates the result of the PD team being open-minded and honest in facing the problematic situation for their project.

Vignette 2: During the workshops, the PD team for the project at the hospital included two designers and a local nurse. The issue of the missing requested clinicians was discussed with the deputy manager after each workshop, in order to remediate this issue at the following workshop. Each department was to be represented by one manager, one physician, and one nurse, but this was never accomplished. At the third workshop, the PD team agreed that the project had entered a critical state and that the collaboration with the deputy manager continued to be problematic. Being open and authentic about this issue, the PD team jointly realized the problematic situation. Thus, they had to protest, and they asked for a meeting with the hospital manager.

With themselves (being “concentrated present” in order to sense how they feel about an issue, being open to reflections on their own opinions) [7]: The keyword here is *presence*, being present as opposed to being absent. For example, when you look at a participant in the eye while discussing a matter, the participant feels that you are concentrating on listening to what he or she says. If you are distracted, by, for example, recognizing that time is passing and you might have trouble getting through the agenda for the meeting (and that starts to frustrate you), this “concentrated presence” is challenged. “Presence” and “being present” are key characteristics of phenomenological psychology: “[I]t focuses on the subjective perspective on how matters, the reality, problems, and potential solutions, etc., unfolds as seen directly from your own perspective, as seen by yourself” [10, p. 120, translated from Danish]. Vignette 3 describes how reflections on searching for solutions while being present revealed the only true solution to the challenge.

Vignette 3: The designer in charge of the project had started to suffer from stress and arranged a meeting with an experienced academic-professional supervisor (co-author of this paper). During this meeting, the designer used “being with himself” as a way (method) to achieve a concentrated presence with the problematic project situation and the upcoming meeting with the hospital manager. This investigation changed the focus from speculating about what to do and which potential options to strive for to feeling what was crucially at stake. He realized that he would accept no compromise except getting rid of the deputy manager and the “single point of entry” of communication strategy and being allowed to contact the clinicians in the involved departments directly. His own integrity (challenged by stress) and his vision for the project (striving for genuine participation) were at stake. This ultimatum was agreed to by the PD team members. They then asked the hospital manager

to disinvite and exclude the deputy manager from the meeting they had asked for.

For the task and the project (contributing to the achievement of the shared and agreed-upon goals of the design task and the design project at hand) [7]: The point here refers to being *as themselves* and *with themselves* for the joint project activity of the participants, for example, a specific and ephemeral task to be performed as part of a design workshop. This means that the aim and agenda of any given joint activity are known and accepted by all participants. It also implies respecting that different participants may contribute differently in terms of the contribution area, expertise, “amount” or “volume” of their contribution, etc. Furthermore, it is given that no hidden agendas or other kinds of manipulations are part of the collaboration.

3. STRIVING FOR CONTACT QUALITY

Contact quality in PD requires participants who are willing to obtain it. It always “takes two to tango,” and if those you participate with are reluctant to engage in quality contact, this is a condition only the participant him- or herself can decide to change. In this section, we explicate elements of the Sensethic perspective and suggest PD resources (techniques) to support what you can do in order to contribute in striving for contact quality.

Your own process of striving to obtain contact quality might be outlined as constituting two elements: your ability to observe when the contact is not of good quality and your reaction when you sense that this is the case. Through your body, you can sense when the contact is compromised before you understand it with your mind. Being able to pay attention to your body signals (i.e., sensing and feeling) is the prerequisite for investigating them with your mind, trying to understand them, and taking them seriously by reacting appropriately [8-10]. Typically, the body’s reaction is initiated by changes in respiration. You hesitate and momentarily stop breathing, or you might breathe almost invisibly, withholding your breath through different patterns of muscular tension, for example, in the pelvic and belly region.

In addition to your own self-observations, you may sense and feel the challenges in the contact experienced by others, for example, by noticing when a participant “stops breathing.” Sometimes, this is accompanied by the participant speaking faster or continuing to repeat an argument in different ways. This might be an indication that the participant is not using his or her ability to sense whether his or her counterpart is really paying attention to what he or she is trying to communicate.

Several methods, or techniques, can support your reaction once you sense that the quality of the contact has been compromised. The most fundamental technique is *stopping*, that is, stopping and paying attention to what is going on. Stopping should be followed by the *three times down* technique: (1) The first part of the technique is down *in the body*, that is, to the level of the senses, as qualified by grounding, bodily presence, for example, by taking a deep breath, exhaling without interruption, paying attention to the feeling of gravity on the body, physically feeling the ground under your feet or bottom (when seated). (2) The second part of the technique is down *in tempo*, because sensation is a slower function than thinking, so that slowing down in mind and speech supports the founding of the cognition of sensed reality. (3) The third part of the technique is down *into the concrete*. This means breaking down the abstract descriptions, viewpoints, proposed solutions, etc., at stake, into their most concrete appearances and exemplifications, thus making them accessible as material to be sensed and felt about. In this way, the discussion foundation in

reality can be strengthened significantly. Vignette 4 outlines two situations where the designer succeeded and failed in stopping.

Vignette 4: The supervision meeting described in vignette 3 is an example of stopping. Instead of “keeping on working to solve this matter,” the designer stopped and paid attention to sensing and investigating what was at stake. During the meeting with the hospital manager, the atmosphere became tense, and the designer repeatedly observed his own body signals clearly indicating challenges in participating with himself by continuously attempting to stifle his anger and suppress feelings of frustration. Stopping would have been relevant, but the designer could not manage to do this and had no support from the hospital manager to try to do it. Ideally, the designer and the hospital manager could have agreed to pause the discussion and change the meeting’s focus to why the both of them became so affected. Alternatively, the designer could have asked for a break, eventually leaving the meeting room for a moment, attending to his anger and frustration by using the three times down technique.

Stopping and three times down are general techniques that open the door to a toolbox of other useful techniques. The basic point of stopping is to allow yourself to use the time necessary to get deeper into—to sense—“what’s going on,” what does it mean, what is important, and what is at stake. This process can be supported by other techniques, for example, clearly *distinguishing between being and doing*. This is an attempt to clarify the confusion of feeling wrong because of what you have done, that is, distinguishing between maintaining the belief of being a good person even though you might have made a mistake that you regret. Distinguishing between being and doing might be difficult when old habits and neurotic patterns that manifest as, for example, performance anxiety might push you into a deadlock situation of feeling inadequate or shameful, as exemplified in vignette 5.

Vignette 5: The hospital manager faced frustrated designers at the meeting, who explained the problematic project situation and said that it was impossible to proceed with the “single point of entry” strategy maintained through his deputy manager. The hospital manager defended himself by claiming, among other points, that he had not been properly informed (by the designers) and that communication problems had given him the wrong interpretation of the project. It seems reasonable to interpret this reaction as being “caught” in the confusion of distinguishing between being and doing. He had invested his self-esteem in his choices, and if this was leading the project on a disastrous path, he would judge himself as incompetent.

If you are being challenged by feeling you are “wrong,” you might get help from using the *first-love principle*. This technique is a reinterpretation of the Golden Rule (in Christianity: “Love your neighbor as yourself”): Treat (or meet) yourself with the same loving and respectful attitude as you would with others. The demands and judgments you put on yourself are often much more unfair than the ones you would put on others. For example, you can imagine someone (whom you like and respect) being in front of you and admitting a mistake, like the one that challenges you, and feel your reaction to that person. The result is often feelings that transcend into compassion (which would be an adequate feeling toward yourself).

Finally, we mention the technique of *taking responsibility for your own doings*. This is not difficult once you overcome the confusion of “being and doing.” This technique entails taking responsibility for your own mistakes (doing) without compromising your own

being, that is, being confident that “I am still a good person although I made a mistake, and I can take responsibility, and take action to correct my wrongs.” The opposite of taking responsibility for your own doings is *playing the victim*, for example, through projecting the responsibility for the things that have gone wrong onto your counterpart or blaming him or her for unfair or irregular behavior toward you. Vignette 6 demonstrates taking responsibility shortly after the dramatic meeting simply through sending an email. In addition, the opposite reaction—playing the victim—is outlined.

Vignette 6: After the meeting, the designer stopped and realized that he felt sorry for contributing to the tense discussion at the meeting that at one point nearly became a vociferous quarrel. He wrote an email to the hospital manager in which he excused his “short fuse” (i.e., he gets excited and angry easily) during the meeting: Seen in isolation as a part of the meeting, this was not fair to the hospital manager. The excuse was accompanied by an explanation of the reasons for the frustration that had led to this situation, outlining the shortcomings in their collaboration. If the designer had chosen to “play the victim,” he could have mentioned that he regretted the hospital manager’s choices thus indicating that the hospital manager was responsible for the designer’s frustration and short fuse.

As the designer had developed his academic-personal competence through a specialized training program and regular supervision, we believe that training for this competence might also be part of the university curriculum, as outlined in the following section.

4. TRAINING THE COMPETENCE

We experimented with training the contact quality perspective as part of a recent graduate-level course in PD, presented at the workshop on Teaching Participatory Design at PDC’2014. The course combined reading PD literature with discussions based on the students’ experiences in their own PD projects. A significant part of the course involved training students to investigate open-minded contact and authentic meeting as a body-related experience. Going with the flow, or surrendering to yourself, so to speak, is an important element in this investigation. To enable and support this, each course day started with one hour of physical grounding exercises (Figure 1).



Figure 1. Grounding exercise.

The grounding exercises supported sincere collective investigations and openness to the students’ challenges related to an academic-personal competence. During the discussions in the course, students focused on how they felt about and reacted to confusion, nervousness, pressure, performance anxiety, stress, and panic, as well as reflected on how to deal with these feelings, including the techniques mentioned in section 3.

The grounding exercises were supplemented by contact exercises, for example, dyads (pairs). The students sat on a chair facing each other and were asked to look at each other for 10 minutes in silence, with the simple, though not necessarily unproblematic, task of “see the other, feel yourself.” After doing this for 10 minutes, the students discussed this experience for another 10 minutes, and the course continued with the students discussing experiences from the contact exercise related to their design process experience from earlier courses and projects.

The reactions to and evaluations of the course thus far have been very positive, and the students generally acknowledged that they learned a relevant type of competence, a type of body-related competence, that is completely unknown to the university curriculum—where the focus of all teaching, generally speaking, is restricted to the intellect and “the head.”

5. CONCLUSION

We have argued for the relevance of a contact quality perspective in PD as a valuable contribution to PD entering a new era of participation. The Sensethic perspective on contact quality in communicative interactions aims for the ideal of participants being able to participate as themselves, with themselves, and for the task and the project, that is, characterized by genuine focused presence.

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